Testimony in SUPPORT of HB 5430: "An Act Concerning Opioids"

Dear Members of the Joint Public Health Committee:

My name is Dr. Katherine Kennedy, and I am a physician in private practice in New Haven, on the clinical faculty of Yale-New Haven Hospital and the Yale School of Medicine. I reside in Branford. This testimony represents my own personal opinion, and not the opinion of Yale-New Haven Hospital or the Yale School of Medicine. **I support H.B. 5430** and thank members of the committee for introducing this bill.

In addition, I strongly support several important provisions in HB 5430 that will save lives in Connecticut, including:

- the legalization of fentanyl test strips,
- the enabling of mobile methadone distribution,
- the elimination of burdensome administrative protocols for certifying pharmacists who dispense naloxone pursuant to a standing order.

In addition, I hope that **these 3 additional proposals are added to HB 5430**:

(1) **Methadone, for the treatment of opioid use disorders, is included in Connecticut's prescription drug monitoring program (PDMP.)** Although methadone is included in the PDMP for the treatment of pain disorders, it is not included for the treatment of opioid use disorders. This is an egregious oversight. Methadone has the potential for serious adverse drug interactions with over 300 other medications. All prescribers in CT need to be able to trust that the PDMP will accurately provide information in order to maximize safety concerns when prescribing medications. Any administrative costs from the addition of methadone to the PDMP are far outweighed by the cost in lives lost to unintended overdoses related to adverse interactions with methadone as a result of its omission for this purpose in the PDMP.

(2) **Data sharing between state agencies:** Patients are often served by programs administered by a range of state agencies. Programs and state agencies often collect data. However, currently, this data remains siloed within the state agency as there is no mechanism to share data across various state agencies. This is unacceptable in 2022, and severely limits CT's ability to respond to the overdose epidemic as effectively as possible. Individual data on non-fatal overdoses (DPH), treatment (DMHAS, DCP), and overdose deaths (OCME, DPH) needs to be linked for better coordination between agencies, with the ultimate goal of decreasing the rate of deaths due to opioid overdose in Connecticut.

(3) **Improving opioid-related interagency coordination:** Connecticut's current response to the opioid epidemic is also limited by a lack of interagency coordination at the executive level. A committee, interagency working group, or executive-level position is desperately needed to oversee and coordinate the state's evidence-based response to the opioid epidemic. This interagency group could be modeled after the Juvenile Justice Policy and Oversight Committee, which was created by CT in 2015 and has been effective at providing oversight and coordination to the juvenile justice system.

Thank you for this opportunity to comment. I urge you to SUPPORT HB 5430 with the modifications as described above. Please contact me with any questions at: katherine.kennedy @yale.edu

Sincerely yours,

Katherine G. Kennedy MD